

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS



COLLEGE FEE WAIVER PROGRAM FOR VETERANS DEPENDENTS

PLEASE READ THE INSTRUCTIONS AND INFORMATION
CONTAINED ON THE REVERSE SIDE

I. STUDENT INFORMATION

Last Name: _____ First: _____ MI: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Phone #: () _____ -- _____ Marital Status: ☐ Married ☐ Single

Street Address: _____ City: _____ State: _____ Zip: _____

YOUR relationship to veteran in Section III below: _____

Are **YOU** (the student) a veteran? ☐ NO ☐ YES (if yes, submit a copy of your separation document or DD-214)

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? ☐ YES ☐ NO

ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA? ☐ YES ☐ NO

ARE YOU *receiving*, OR ARE YOU CURRENTLY *eligible to receive* VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? ☐ YES ☐ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): \$ _____

*NOTE: Refer to "HOW TO APPLY" on the reverse for required statements.

ANNUAL VALUE OF SUPPORT (housing assistance, transportation, books and supplies) received from a parent: \$ _____

*NOTE: Under Plan B, the total amount of the child's income and value of support, as listed above, cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or **UNIVERSITY** you are attending or plan to attend: _____

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: _____

III. VETERAN INFORMATION

Name served under: Last Name: _____ First: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ - _____ Branch of Service: _____ Service Number: _____

Date of Birth: ____/____/____ Date of Death (if applicable): ____/____/____ SSN#: _____ - _____ - _____

Dates of Active Duty service **FROM:** _____ **UNTIL:** _____ VA Claim #: _____

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _____%

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? ☐ YES ☐ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, and/or the Franchise Tax Board, to release information regarding the above service-connected disability rating and/or income to CDVA with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of VETERAN (or Parent if Veteran not available): _____ Date: ____/____/____
(If the Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

Signature of STUDENT: _____ Date: ____/____/____